

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-007992

STATE FILE NUMBER

FILED MAR 9 1959

Registration District No.

317

Primary Registration District No.

500

Registrar's No.

605

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Ferdinand Twp</u>		c. CITY OR TOWN <u>St. Ferdinand TWP</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <u>1811 Redman Ave.,</u>		d. STREET ADDRESS (If outside, give location) <u>1811 Redman Ave.,</u>	
3. NAME OF DECEASED (Type or print) First <u>EMIL</u> Middle <u>F.</u> Last <u>JACOBSMEYER</u>		4. DATE OF DEATH Month <u>March</u> Day <u>3rd</u> Year <u>1959</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>April 25th, 1882</u>
9. AGE (In years) <u>76</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired farmer</u>	
11. BIRTHPLACE (City and state or country) <u>St. Louis Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Henry Jacobsmeyer</u>		13b. MOTHER'S MAIDEN NAME <u>Amelia Ringshausen</u>	
14. NAME OF HUSBAND OR WIFE <u>Marie Jacobsmeyer</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>499-34-4762</u>		17. INFORMANT <u>Audrey Meier, 8 Dunmore Ct.,</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Left ventricular failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Chronic myocarditis</u> DUE TO (c) <u>Virid Influenza</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs. -</u> <u>years -</u> <u>3 days -</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>4222</u>		20c. TIME OF INJURY Hour <u>8:00</u> a.m. Month, Day, Year <u>3-3-59</u>	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>St. Johns Cemetery</u>	
20f. CITY, TOWN, OR LOCATION <u>St. Louis Co., Mo.</u>		20g. COUNTY <u>St. Louis Co., Mo.</u>	
20h. STATE <u>Mo.</u>		21. I attended the deceased from <u>8-3-59</u> to <u>3-3-59</u> and last saw her alive on <u>2-28-59</u> Death occurred at <u>8:00 a.m. 3-3-59</u> m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>Russell Glaser</u> (Degree or title) <u>Dr.</u>		22b. ADDRESS <u>4032 1/2 Hawthorn Ave</u>	
22c. DATE SIGNED <u>3-4-59</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	
23b. DATE <u>3/6/59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>St. Johns Cemetery</u>	
23d. LOCATION (City, town, or country) <u>St. Louis Co., Mo.</u>		23e. (State) <u>Mo.</u>	
24. FUNERAL DIRECTOR <u>DIEDRICH FUNERAL HOME, 8319 Hallsferry</u>		25. DATE RECD. BY LOCAL REG. <u>3-5-59</u>	
26. REGISTRAR'S SIGNATURE <u>John C. Murphy M.D.</u>		27. (Licensed Embalmer's Statement on Reverse Side)	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Robert M. Murre

Licensed Embalmer No. 3749
P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.